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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INSTRUCTIONS: The appropriate All further indicated unices and multiple and the appropriate and the approp | is for though to used<br>or conservational productions include<br>the conservations.                    | for masmitting the ISS<br>ling the Patent, advance<br>otherwise in Block 1, by | UE FEE and PUBLIC orders and notification (a) specifying a new c                                                                                                                                                                                                                                                                  | of mail                                                                                                                                                                                                                                                                                                                                                | FEE (if requirements fees with the second fees with the second fees address;                                                                                                                                                                                                                   | red). Bloc<br>ill le mail<br>and/or (b) | ks I through<br>led to the cur<br>indicating a | 5 should be<br>rent corresponde "FI | completed where<br>endence address as<br>E ADDRESS" for                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 thr any clamps of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cunnot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of raniling or transmission. |                                         |                                                |                                     |                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | John C. Linderman McCormick, Paulding & Huber LLP CityPlace II 185 Asylum Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with multicient postage for first class mail in an envelope addressed to the Mail Step ISSUE FEE address above, or being facsimal transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| 10/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hartford, CT 06103<br>8/2006 RMEBRAH1 00000077 130235 10712717                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   | GIADRONO: N. WILLOW (Signature)                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -1501 1400-00 DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | Octop                                                                                                                                                                                                                                                                                          | <u> </u>                                | 17,0                                           | 2006                                | (Duto)                                                                                       |  |  |
| 02 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 00.00 DA FILING DATE                                                                                    |                                                                                | FIRST NAMED INVEN                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     | IRMA'ITON NO.                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9285 TILE OF INVENTION: FLEXURE-TYPE SUSPENSION SYSTEM PROVIDING FOR THREE DEGREES OF FREEDOM AND FLEXURE-TYPE OSITIONING ASSEMBLY BASED THEREON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL EN'TITY                                                                                           | ISSUE FEE DUB                                                                  | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                 | DUE PR                                                                                                                                                                                                                                                                                                                                                 | EV. PAID ISSUE                                                                                                                                                                                                                                                                                 | FER TO                                  | OTAL FEE(S) I                                  | DUE                                 | DATE DUE                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                      | \$1400                                                                         | \$300                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                        | \$0                                                                                                                                                                                                                                                                                            |                                         | \$1700                                         | <u> </u>                            | 10/17/2006                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | ART UNIT                                                                       | ART UNIT CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SCHWARTZ, CHRISTOPHER P 3683                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                | 267-160000                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| ï                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| į,<br>į                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (A) NAME OF ASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (B) RESIDENCE: (C                                                                                       | (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                     |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| Contraves Space AG Zurich, Switzerland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| )<br>1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ease check the appropriate assignee entegory or categories (will not be printed on the parent): 🔲 Individual 🖫 Corporation or other private group entity 🔘 Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| . 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted) |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | o. Payment of Feo(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.                                                                                                                                                                                   |                                         |                                                |                                     |                                                                                              |  |  |
| j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Advance Order -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | permitted)                                                                     | ☐ Payment by credit card. Form PTO-2038 is a tached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1.3 = 0.2 3.5. enclose an extra copy of this form).                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ \sqrt{0}} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]  \[ \begin{align*} \text{ \sqrt{0}} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     | g)(2).                                                                                       |  |  |
| i,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NOTE: The Issue Fee and Publication Foe (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in necessias shown by the records of the United States Putent and Trademark Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     |                                                                                              |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . ()                                                                                                    | D. Mach                                                                        |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | Daio Oc-                                                                                                                                                                                                                                                                                       | lober                                   |                                                | 200                                 |                                                                                              |  |  |
| <br>غو                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Typed or printed name Daniel G. Mackas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | Registration No                                                                                                                                                                                                                                                                                |                                         | 38,541                                         |                                     | <del></del>                                                                                  |  |  |
| this collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Traditional Office, U.S. Depart Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control in |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                |                                         |                                                |                                     | JSPTO to process) ng, preparing, and equire to complete of Commerce, P.O. 1s, P.O. Box 1450, |  |  |